

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	LLF		11-11-01
<b>O.I.P.E. CLASSIFIER</b>	121		
<b>FORMALITY REVIEW</b>	CTH	744	10-29-01
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
1	9/3
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3	1/1
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If more than 150 claims or 10 actions  
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